

**City of Mission
Community Development Department
Texas Emergency Rental Assistance Program
Duplication of Benefits Form
(Landlord Form)**

Date: _____

Dear Owner/Landlord/Agent:

Please complete the following information regarding your current resident who has applied for funding assistance.

Thank you,
Joanne Longoria
CD Director

Owner/Landlord/Agent Name: _____ Rental Agency Name: _____

Address: _____ Phone Number _____ Email: _____

Resident Name: _____ Property Address: _____ # of Bedrooms: _____

- I/we have **not** received **any** insurance or other assistance for loss of rent and/or utilities from another agency to cover cost for the above resident in the past 12 months _____ (Initial)
- I/we have **not** received **any** funding assistance for rent and/or utilities from another agency to cover cost for the above resident in the past 12 months _____ (Initial)
- I/we have received funding assistance from the following agencies to assist our resident in the past 12 months _____ (Initial)
Please list name of all organizations and amount received:

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

Name: _____ Amount \$ _____

CERTIFICATION: I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to help another obtain assistance is a fraudulent offense for which I can be prosecuted.

Owner/Landlord/Agent Name: _____ Date: _____

Signature: _____

| Final FY 2020 FMRs By Unit Bedrooms | | | | | |
|-------------------------------------|------------|-------------|-------------|---------------|--------------|
| Year | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| FY 2020 FMR | \$573 | \$577 | \$743 | \$955 | \$1,068 |